

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/750,857

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9			1			
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
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50						
TOTAL IND.			2			
TOTAL DEP.			28			
TOTAL CLAIMS			30			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		2				
57		2				
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TOTAL IND.						
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TOTAL CLAIMS						